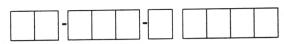




Notification of Death

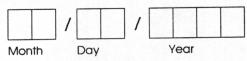
Fax to: (206) 685-7569 or (800) 253-6404

Affix Patient ID # Here

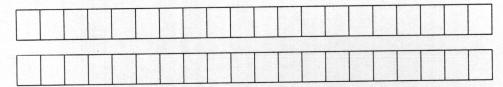


This form should be FAXed to the Clinical Trial Center within 24 hours of discovery of death.

1	Date	of	death:



2 Preliminary assessment of cause of death:



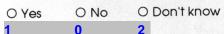
The following should not delay the faxing of this form. If unsure, mark "Don't know".

autpsy17 inRT18

icdint17 inRT18

explnt17 inRT18

3 Was an autopsy performed? (If yes, submit results with records documenting death)



4 Was the ICD interrogated after death?

(If yes, submit results with records documenting death)

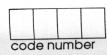


5 Was the ICD explanted after death?

(If yes, submit to manufacturer for evaluation)

O Yes	O No	O Don't know	O No ICI
4	0	2	2

Signature of person filling out this form



For Clinical Trial Center Use Only:

